

Health Care Coverage Options for SSVF Participants and Families

Presentation for SSVF Health Care Navigators

[Link to Audio](#)

January 15, 2021

Webinar Format

- Webinar will last approximately 1 hour
- Participants' phone connections are “muted” due to the high number of callers

Agenda

- 1. Overview and Background**
- 2. Medicare**
- 3. Medicaid**
- 4. CHAMPVA**
- 5. SSVF Health Care Navigator Spotlight**
- 6. Discussion**
- 7. Additional Resources**

Overview and Background

Objectives

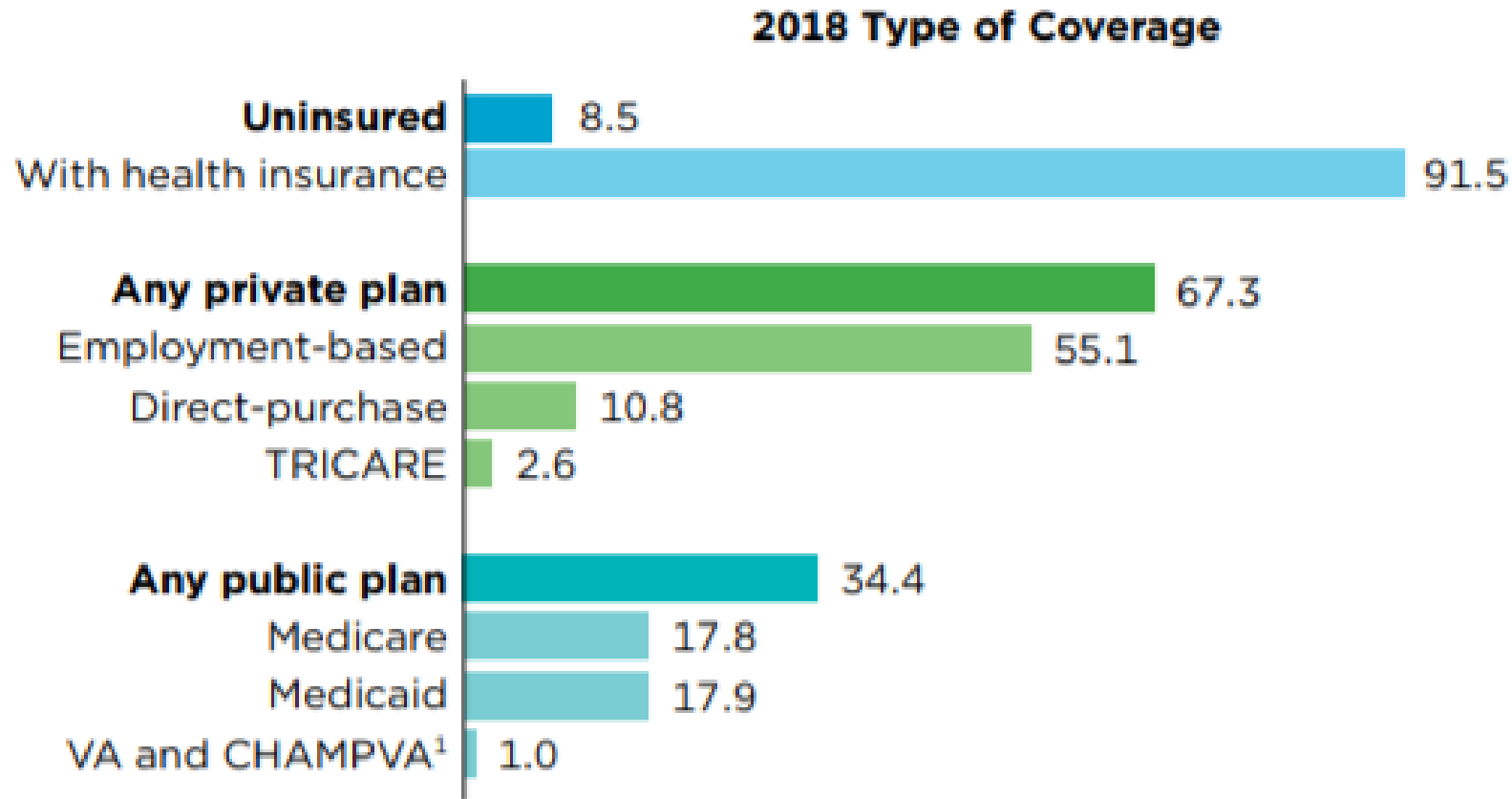
- Review health care coverage options for SSVF participants and family members
- Provide starting point steps for applying to different coverage options
- Showcase successful Health Care Navigator approach to enrolling SSVF participant in health care coverage

Context

- First of two presentations for SSVF Health Care Navigators focused on health care coverage and behavioral health services
 - ▶ January 15, 2021: Health Care Coverage Options for SSVF Participants and Families
 - ▶ January 29, 2021: Accessing Community Behavioral Health Services
- Additional SSVF resources and trainings available [here](#)

Health Insurance in U.S.

How do Americans receive health care coverage?



Health Insurance Among Veterans

How do veterans receive health care coverage?

VA health care

- Active service or other criteria
- CHAMPVA for family members

TRICARE

- Military retirees with 20+ years of service
- TRICARE For Life (Medicare wraparound)

Medicare

- Age 65+
- Social Security Disability Insurance (SSDI) benefits

Medicaid

- Eligibility pathways
- Limited income (e.g. Supplemental Security Income [SSI])

Private

- Employer; spouse; individual marketplace

Health Insurance Among Veterans

80% of VA enrollees report having insurance coverage.

Table 3-1. Percentage of enrollees reporting each type of insurance coverage

	N	%
Medicare ¹	4,256,512	51.0
Medicare Advantage ²	1,345,115	31.6
Medicare Part A ²	2,325,206	54.6
Medicare Part B ²	2,026,687	47.6
Medigap ²	1,019,122	23.9
Medicare Part D ²	1,356,742	31.9
Medicaid ¹	548,917	6.6
Tricare ¹	1,648,580	19.8
Private coverage ¹	2,336,567	28.0
Private drug coverage ¹	1,925,722	23.1
No coverage ¹	1,688,123	20.2

Health Insurance Among SSVF

What are the key considerations?

- Many SSVF participants are ineligible for VA health care
- VA enrollees may prefer additional choice
- 20% of SSVF participants have dependent children
 - ▶ Medicaid “parent/caretaker” eligibility category
- Individuals experiencing homelessness have significant health care vulnerabilities
- Medicare and Medicaid coverage can be critical for accessing needed medical and behavioral health services

Medicare

Medicare Background

- Enacted in 1965 as an entitlement program
- Federal health program with medical benefits
 - ▶ Benefit gaps
- Premiums and cost-sharing
 - ▶ Deductibles, coinsurance, and copayments
- Fee-for-service and managed care plan options
- Supplemental insurance

Medicare Eligibility

- Individuals aged 65 or older
 - ▶ Social Security benefits earned
- Individuals younger than 65
 - ▶ Eligible for Social Security disability benefits for at least 24 months (not necessarily consecutive)
 - ▶ Permanent kidney failure
 - ▶ Lou Gehrig's disease (ALS)
 - ▶ Disability pension from Railroad Retirement Board

Medicare Benefits

- Part A: hospital insurance
 - ▶ Inpatient hospital, skilled nursing facility, home health, hospice
- Part B: medical insurance
 - ▶ Physician, outpatient, preventive, home health
- Part D: pharmacy insurance
 - ▶ Prescription drugs

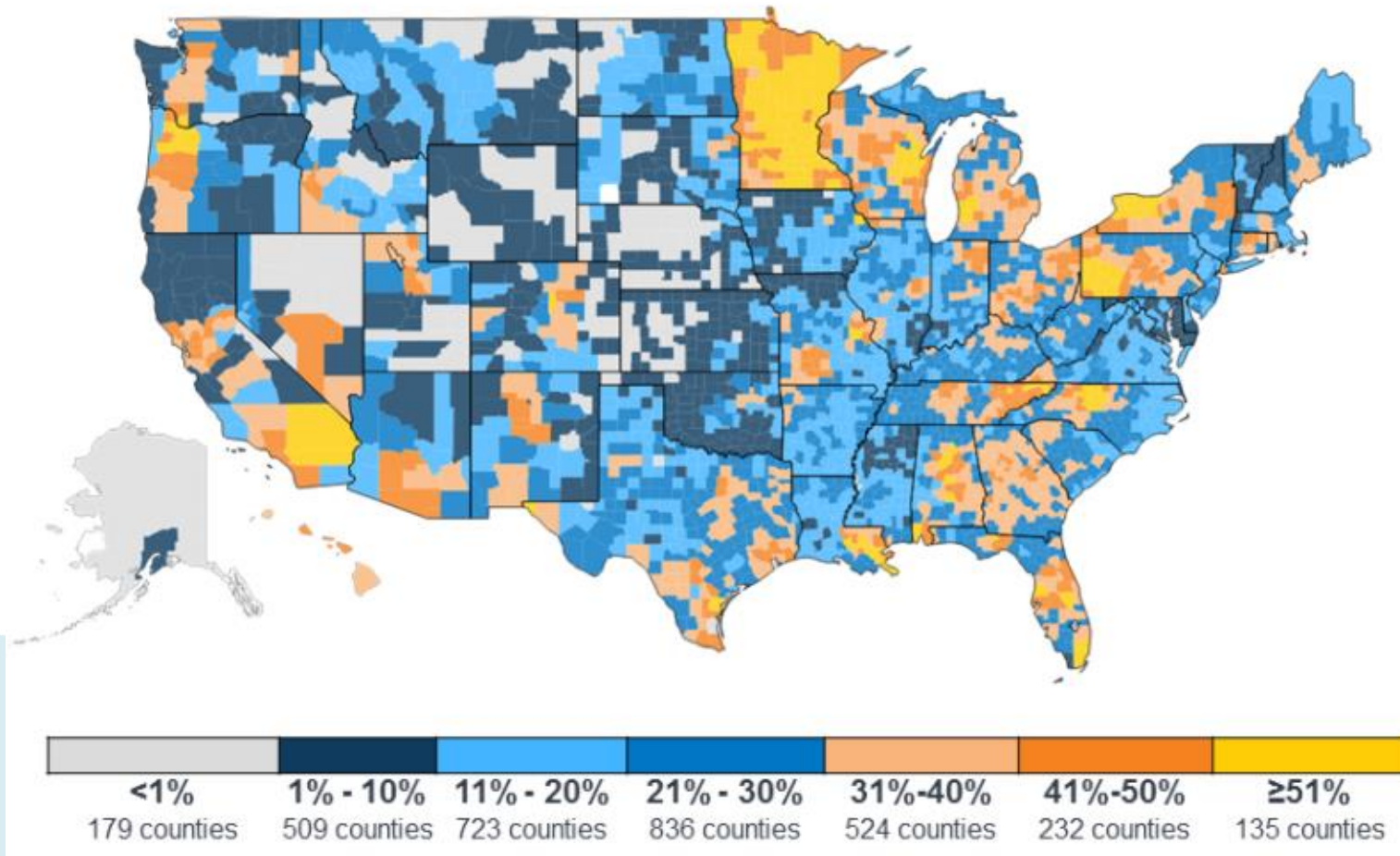
Medicare Coverage Options

- Fee-for-service
 - ▶ “Original Medicare” or “Traditional Medicare”
- Part C
 - ▶ “Medicare Advantage” plans for Part A and Part B benefits
 - ▶ HMO, PPO
- Part D (prescription drugs)
 - ▶ Stand-alone prescription drug plans
 - ▶ Medicare Advantage plans with prescription drug coverage

Medicare Advantage

Medicare Advantage Penetration, by County, 2018

National Average, 2018 = 34%



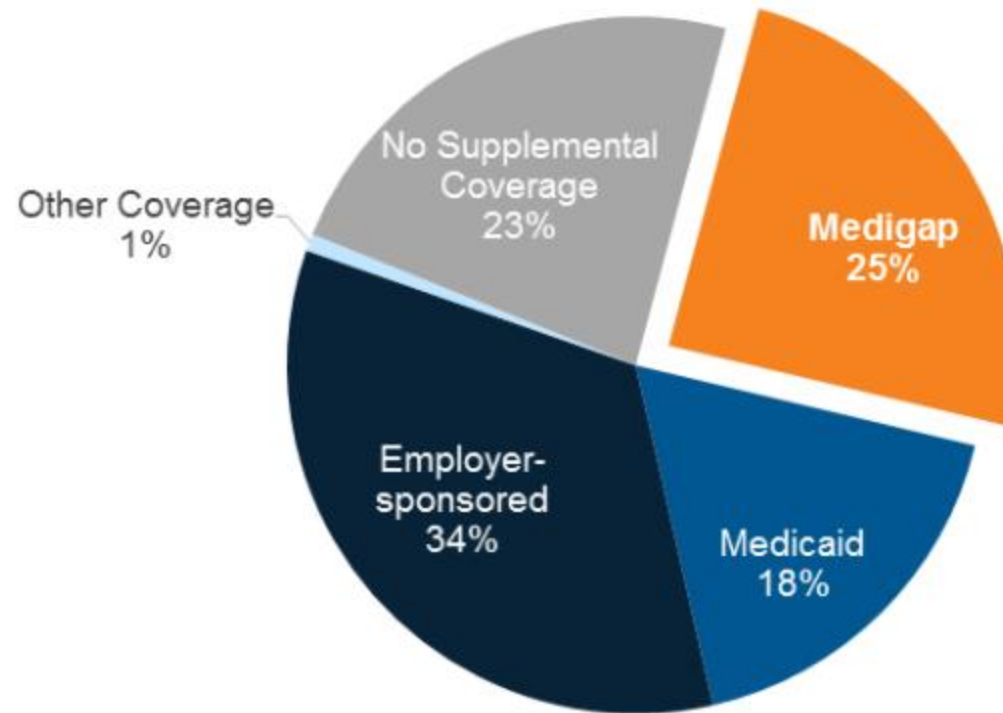
Supplemental Insurance

- Medicare Supplemental Insurance (“Medigap”)
 - ▶ Available for Original Medicare beneficiaries (fee-for-service, not enrolled in Medicare Advantage plan)
 - ▶ Cover deductibles and cost-sharing
 - ▶ Dental, eyeglasses, hearing aids, long-term services and supports
- Medicaid (dual eligibility)
- TRICARE For Life (Medicare wraparound)
- CHAMPVA
- Employer-sponsored coverage

Supplemental Insurance

1 in 4 people with traditional Medicare had a Medigap supplemental policy in 2015

Share of Traditional Medicare Beneficiaries by Type of Supplemental Coverage



2015 Total = 39 million traditional Medicare beneficiaries*

How to Apply

- Automatic enrollment linked to Social Security
 - ▶ After turning 65 years old and receiving Social Security benefits for at least 4 months prior, individuals receive Medicare card in the mail
 - ▶ After 24 months of receiving Social Security disability benefits, individuals receive Medicare card in the mail
 - ▶ Covers Parts A and B (“Original Medicare”)
 - ▶ Option to enroll in Part C (“Medicare Advantage”) and/or Part D (prescription drug coverage)

How to Apply

SOAR Support

- SOAR (SSI/SSDI Outreach, Access, and Recovery)
 - ▶ Assistance with applying for SSI and SSDI
 - ▶ <https://www.samhsa.gov/homelessness-programs-resources/grant-programs-services/soar>
- SSVF SOAR Toolkit
 - ▶ [https://www.va.gov/HOMELESS/ssvf/docs/SOAR_SSVF Toolkit.pdf](https://www.va.gov/HOMELESS/ssvf/docs/SOAR_SSVF_Toolkit.pdf)
- SOAR experts can provide technical assistance to SSVF grantees
 - ▶ <https://soarworks.prainc.com/>

How to Apply

- Application process
 - ▶ After turning 65 years old and not receiving Social Security benefits for at least 4 months prior, individuals must apply for Social Security
 - ▶ Apply online: <https://www.ssa.gov/medicare/>
 - ▶ Visit local Social Security office: <http://www.ssa.gov/>
 - ▶ Call Social Security at 1-800-772-1213
- Late enrollment penalties may apply if individuals do not sign up for Part B when initially eligible

Joining, Changing, or Dropping a Plan*

**Medicare Advantage and/or prescription drug plans*

- Initial Enrollment Period
 - ▶ When you first become eligible
- Open Enrollment Period
 - ▶ From October 15 – December 7 every year
 - ▶ Join, change, or drop a plan
- Medicare Advantage Open Enrollment Period
 - ▶ From January 1 – March 31 every year
 - ▶ Change or drop a Medicare Advantage plan
- Special Enrollment Periods
 - ▶ Moving, losing coverage, gaining coverage

<https://www.medicare.gov/sign-up-change-plans>

Coordination of Benefits

Medicare and Veterans' benefits

- VA pays for VA-authorized items or services at VA hospitals and doctors
- Medicare pays for Medicare-covered items or services delivered by Medicare providers
- Separate provider networks
- No coordination of benefits
 - ▶ VA may bill Medicare Supplemental Insurance plans
- Medicare Benefits Coordination & Recovery Center
 - ▶ 1-855-798-2627

Coordination of Benefits

Medicare and TRICARE

- TRICARE For Life is a Medicare wraparound program
- Automatic enrollment if you have Medicare Parts A and B
- Medicare is primary payer; TRICARE is secondary payer
- TRICARE For Life webpage
 - ▶ <https://www.tricare.mil/Plans/HealthPlans/TFL>
- Medicare Benefits Coordination & Recovery Center
 - ▶ 1-855-798-2627

Coordination of Benefits

Medicare and Medicaid

- Dual eligibility
 - ▶ 15% of Medicaid beneficiaries are dually eligible
- “Full scope” dual eligibility
 - ▶ Full coverage in both programs
 - ▶ Medicare is primary payer; Medicaid is payer of last resort
- “Partial dual” eligibility
 - ▶ Medicare Savings Program
 - ▶ Assistance with Medicare premiums and cost sharing
 - ▶ <https://www.medicare.gov/your-medicare-costs/get-help-paying-costs/medicare-savings-programs#collapse-2624>

Medicaid

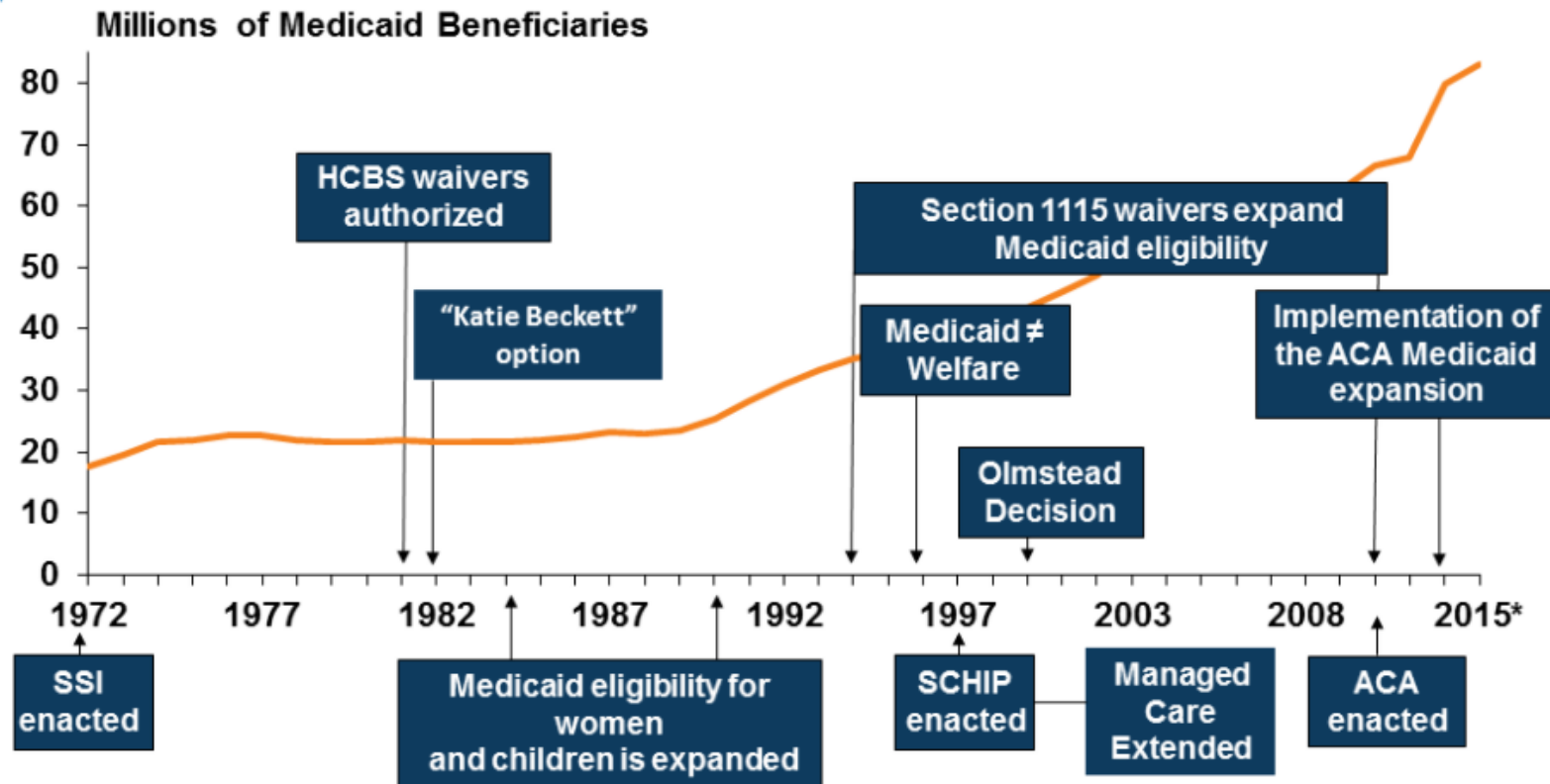
Medicaid Background

- Enacted in 1965 as an entitlement program
- Single largest source of health coverage in U.S.
- Federal-state partnership framework
 - ▶ States finance care with federal matching funds (2/3 federal)
 - ▶ States administer Medicaid programs within federal guidelines
- Mandatory benefits & optional benefits
- Mandatory eligibility criteria & optional eligibility criteria

Medicaid Over Time

Figure 3

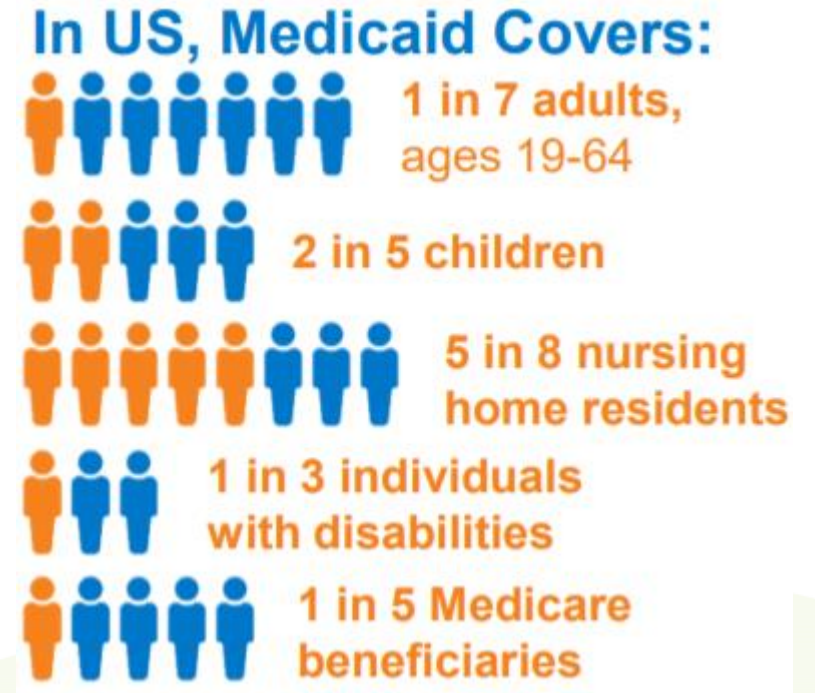
Medicaid has evolved over time to meet changing needs.



NOTE: Data are missing for 1999, 2012 and 2013. Data for 2014 and 2015 are projections.
 SOURCES: 1972-1998: Unduplicated, ever-enrolled counts as reported in the 2000 House Ways and Means Committee Green Book
<http://www.gpo.gov/fdsys/search/pagedetails.action?granuleId=&packageId=GPO-CPRT-106WPRT61710>.
 2000-2011: KCMU and Urban Institute estimates based on unduplicated, ever-enrolled data from FFY 2000-2011 MSIS.
 2014-2015: Unduplicated, ever-enrolled counts as reported in the March 2015 CBO baseline.

Medicaid Today

- Covers 1 in 5 Americans
 - ▶ 75 millions enrollees
 - ▶ 21% of U.S. population
- Serves vulnerable populations
- \$616 billion expenditures in FY2018
 - ▶ 17% of national health care spend
 - ▶ 50% of national long-term services and supports spend



Medicaid Today

What are the delivery systems?

- Managed care
 - ▶ 70% of Medicaid beneficiaries enrolled in managed care
 - ▶ 46% of Medicaid spending is managed care payments
- 1915(c) and 1915(i) waiver programs
 - ▶ Home and community-based services (HCBS)
 - ▶ Long-term services and supports (LTSS)
- 1115 demonstration programs
 - ▶ Sometimes referred to as “waivers”

Medicaid Eligibility and Regulations

Quotes from the Bench

- “Byzantine... among the most intricate ever drafted by Congress.” – *Supreme Court Justice Powell*
- “A byzantine construction making it almost unintelligible to the uninitiated.” – *Judge Friendly*
- “A morass of bureaucratic complexity... a maze.” – *Supreme Court Justice Berger*
- “An aggravated assault on the English language, resistant to attempts to understand it... so drawn that they have created a Serbonian bog from which the agencies are unable to extricate themselves.” – *District court judges*

Medicaid Eligibility

Who is eligible for Medicaid?

- Categorical eligibility described in federal statute
 - ▶ Eligibility pathways within broad groups (e.g. children, pregnant women, individuals with disabilities, aged, parents and caretakers)
- Financial eligibility
 - ▶ Means-tested
 - ▶ Modified adjusted gross income (MAGI)
 - ▶ MAGI-exempt (e.g. SSI methodologies, asset tests, etc.)
- State flexibility within federal standards

Medicaid Eligibility

Who is eligible for Medicaid?

Mandatory eligibility groups

- Parents/caretakers who meet previous AFDC criteria
- Pregnant women with income below 133% FPL
- Children with family income below 133% FPL
- Aged, blind, and disabled individuals receiving SSI
- Children receiving Title IV-E services
- Former foster care youth
- Qualified Medicare Beneficiary (premiums; cost-sharing)
- Legal permanent resident immigrants

Medicaid Eligibility

Who is eligible for Medicaid?

Optional eligibility groups

- Nonelderly childless adults with income below 133 % FPL (“Medicaid expansion”)
- Individuals who require institutional care with income below 300% SSI federal benefit rate
- Pregnant women with income 133-185% FPL
- Infants with family income 133-185% FPL

Medicaid Eligibility Considerations

Are SSVF participants and their family members eligible?

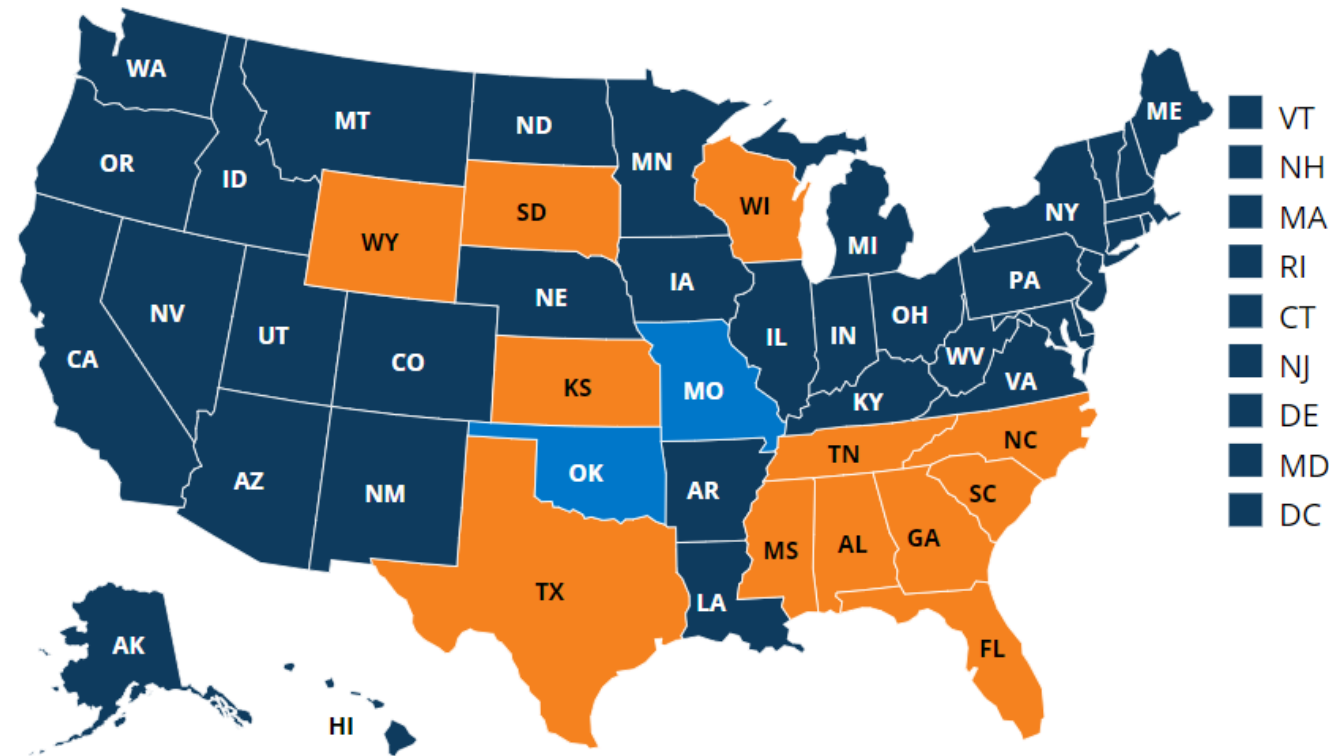
- Eligibility may depend on your state.
- Eligibility is generally contingent on meeting an eligibility pathway....
 - ▶ Parents/caretakers; aged, blind, and disabled; pregnant women; childless adults; children; etc.
- ... while also meeting income requirements
 - ▶ Qualify for AFDC; below federal FPL thresholds; below state-established FPL thresholds; etc.

Medicaid Eligibility Considerations

*Expansion: childless adults with income below 133% FPL**

Status of State Action on the Medicaid Expansion Decision

**\$17,608 (with
5% disregard).
Excludes SSI;
includes SSDI*



■ Adopted and Implemented ■ Adopted but Not Implemented ■ Not Adopted

How to Apply

- Apply through the Health Insurance Marketplace
 - ▶ <https://www.healthcare.gov>
 - ▶ Federally-facilitated Marketplace
 - ▶ State-based Marketplace
 - ▶ State Partnership Marketplace (State-based Marketplace on federal platform)
- Apply through state Medicaid agency
 - ▶ <https://www.medicaid.gov/about-us/contact-us/contact-your-state-questions/index.html>

How to Apply

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- SSVF SOAR Toolkit
 - ▶ [https://www.va.gov/HOMELESS/ssvf/docs/SOAR_SSVF Toolkit.pdf](https://www.va.gov/HOMELESS/ssvf/docs/SOAR_SSVF_Toolkit.pdf)
- SOAR experts can provide technical assistance to SSVF grantees
 - ▶ <https://soarworks.prainc.com/>

Enrollment

- Enrolling in Medicaid
 - ▶ Year-round enrollment
- Enrolling in Medicaid managed care plans
 - ▶ Varies by state
 - ▶ Voluntary/mandatory; passive/active choice/default
 - ▶ Annual open enrollment period to change plans
- Individuals receiving Medicaid premium assistance for private insurance may be subject to enrollment periods
 - ▶ Employer-sponsored insurance
 - ▶ Qualified health plans (individual marketplace)

Coordination of Benefits

Medicaid and Veterans' benefits

- VA pays for VA-authorized items or services at VA hospitals and doctors
- Medicaid pays for Medicaid-covered items or services delivered by Medicaid providers
- Separate provider networks
- No coordination of benefits

Coordination of Benefits

Medicaid and TRICARE

- TRICARE is primary payer
- Medicaid is payer of last resort
- Medicaid can serve as wraparound coverage to cover services not covered under TRICARE

Coordination of Benefits

Medicare and Medicaid

- Dual eligibility
 - ▶ 15% of Medicaid beneficiaries are dually eligible
- “Full scope” dual eligibility
 - ▶ Full coverage in both programs
 - ▶ Medicare is primary payer; Medicaid is payer of last resort
- “Partial dual” eligibility
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 - ▶ Assistance with Medicare premiums and cost sharing
 - ▶ <https://www.medicare.gov/your-medicare-costs/get-help-paying-costs/medicare-savings-programs#collapse-2624>

CHAMPVA (Civilian Health and Medical Program of the VA)

CHAMPVA Background

- Health coverage for spouses and children of disabled Veterans
 - ▶ Provided specific criteria are met
- Covers authorized services delivered by VA and non-VA providers
 - ▶ Most TRICARE and Medicare providers accept CHAMPVA
- Cost-sharing may apply
 - ▶ Can serve as Medicare “wraparound” program
- Cannot have TRICARE and CHAMPVA

CHAMPVA Eligibility

- Spouse or child of a Veteran who is permanently and totally disabled for a service-connected disability
 - ▶ Adjudicated/rated by VA regional office
- Surviving spouse or child of a Veteran who meet certain criteria
 - ▶ Less relevant for SSVF participants and family members
- Must be enrolled in Medicare Part B (if eligible) to maintain CHAMPVA coverage

CHAMPVA Benefits

What does CHAMPVA cover?

- Ambulance
- Ambulatory surgery
- Durable medical equipment
- Family planning and maternity
- Hospice
- Inpatient
- Mental health
- Outpatient services
- Pharmacy
- Skilled nursing care
- Transplants

How to Apply

- Apply online

- ▶ https://www.va.gov/COMMUNITYCARE/programs/dependents/champva/champva_apply.asp

- ▶ Fact sheet:

- https://www.va.gov/COMMUNITYCARE/docs/pubfiles/factsheets/FactSheet_01-03.pdf

- Apply by phone

- ▶ 1-800-733-8387

Coordination of Benefits

Medicare

- Must be enrolled in Medicare Part B (if eligible) to maintain CHAMPVA coverage
 - ▶ Do not need to enroll in Medicare Part D (prescription drugs)
 - ▶ CHAMPVA “Meds by Mail” pharmacy service not available for members with Part D
- Medicare is primary payer; CHAMPVA is secondary
 - ▶ Providers bill Medicare directly → Medicare pays a portion → Medicare forwards balance to CHAMPVA to process
 - ▶ CHAMPVA will factor in Medigap coverage (Medicare supplemental insurance)
- Medicare Benefits Coordination & Recovery Center
 - ▶ 1-855-798-2627

Coordination of Benefits

Medicaid

- CHAMPVA is primary payer
- Medicaid is payer of last resort
- CHAMPVA can serve as “wraparound” program to cover services not covered by Medicaid

Health Care Navigator Spotlight

Medi-Cal (Medicaid in practice)

Objectives



Review a real case in
California



How Coverage of Medicaid
Benefits Matters



Learning about what benefits
Medicaid offers in your state

A Case Study

Why Medi-Cal (Medicaid) Matters

Client profile:

- Older adult
- Female
- Veteran
- Multiple chronic conditions
- Staying in a shelter
- Needs long term placement in an assisted living

A Case Study

The participant needed long term placement due to failing health and cognitive decline.

The participant had not applied to Medi-Cal coverage due to obtaining most of her medical services through VA facilities

The client needed both IHSS services while at the site and long term placement.

It was assessed that the client would not be successful at living on her own.

Note: IHSS refers to California's [In-Home Supportive Services](#) program

End result

The client had an appointment made to apply for Medi-Cal

- The client ended up declining services and her Medi-Cal application was not submitted

The client did not obtain IHSS

- In California Medi-Cal is required for IHSS services

The client is still attempting to get to an appointment at the VA

Applying for benefits early

Applying for ALL possible benefits with your clients is extremely important. When an urgent situation arises applying for benefits may not be possible due to the time frames involved

Many Medicaid waiver programs have a many month waiting lists

Clients need time to know their options

Learning about coverage and benefit

- It's important you know what benefits a client is eligible for through their health plans
- Medicaid health plan benefits vary by state and even region
- Make sure you consult with your local Medicaid provider to:
 - ▶ Learn how to most quickly enroll clients
 - ▶ Learn common phone numbers clients might need
 - ▶ Learn what services are and are not covered
 - ▶ Learn what staff are your allies at the health plan

Where to learn about waivers

- Waivers vary by state
- Go to the Medicaid website to learn about waivers:
 - ▶ <https://www.medicaid.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/index.html>
- Search by your state, you may need to go to your state website to get more details about how to apply to individual programs

Talking to your clients about benefits

Tips

- Talk early and often
- Explain that the client might miss out on benefits if they are not enrolled
- Make sure to explain that these benefits vary state by state
- Include the Medicaid healthcare plan social worker in their longer term case plan if appropriate

Discussion

Additional Resources

Medicare Resources

- Determine eligibility or calculate premiums
 - ▶ <https://www.medicare.gov/eligibilitypremiumcalc/>
- Who do I contact – Social Security or Medicare?
 - ▶ <https://www.ssa.gov/benefits/assets/materials/medicare/medicare-flyer.pdf>

Medicaid Resources

- State Medicaid program website
 - ▶ Eligibility and enrollment
 - ▶ Benefits
 - ▶ Waiver programs
 - ▶ Managed care plans
 - ▶ Providers
- Medicaid.gov
 - ▶ <https://www.medicaid.gov/state-overviews/index.html>

CHAMPVA Resources

- CHAMPVA website
 - ▶ <https://www.va.gov/health-care/family-caregiver-benefits/champva/>
- CHAMPVA Program Guide
 - ▶ https://www.va.gov/COMMUNITYCARE/docs/pubfiles/programguides/champva_guide.pdf
- CHAMPVA Customer Service
 - ▶ 1-800-733-8387